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CONFIRMATION NO. 7691

SERIAL NUMBER 10/624,942	FILING OR 371(c) DATE 07/21/2003 RULE	CLASS 514	GROUP ART UNIT 1628	ATTORNEY DOCKET NO. 05986/100K504-US1
APPLICANTS Marco Pappagallo, New York, NY;				
** CONTINUING DATA ***** This appln claims benefit of 60/398,175 07/24/2002				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 10/22/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY NY	SHEETS DRAWING 0	TOTAL CLAIMS 11
INDEPENDENT CLAIMS 1				
ADDRESS 7278				
TITLE TREATMENT OF SPINAL MECHANICAL PAIN				
FILING FEE RECEIVED 1200	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	